

<i>SERFF Tracking Number:</i>	<i>EVST-125280735</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026006</i>
<i>Company Tracking Number:</i>	<i>AR-GL-20021143</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>Risk Managed Towing and Recovery Program/CW-GL-20018803</i>		

Filing at a Glance

Company: Everest National Insurance Company

Product Name: General Liability	SERFF Tr Num: EVST-125280735	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: AR-PC-07-026006
Sub-TOI: 17.2001 Commercial General Liability	Co Tr Num: AR-GL-20021143	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Vanessa King	Disposition Date: 09/07/2007
	Date Submitted: 09/05/2007	Disposition Status: Approved
Effective Date Requested (New): 10/01/2007		Effective Date (New):
Effective Date Requested (Renewal): 10/01/2007		Effective Date (Renewal):

General Information

Project Name: Risk Managed Towing and Recovery Program	Status of Filing in Domicile: Pending
Project Number: CW-GL-20018803	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/07/2007	
State Status Changed: 09/05/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We wish to file a new proprietary endorsement and rating rule, applicable to the Commercial General Liability Coverage Part, to be used with our Risk Managed Towing and Recovery Program.	

Company and Contact

Filing Contact Information

Vanessa King, Associate Manager, Filing and Regulation	vanessa.king@everestre.com
P.O. Box 830	(908) 604-3267 [Phone]
Liberty Corner, NJ 07938-0830	(908) 604-3546[FAX]

<i>SERFF Tracking Number:</i>	<i>EVST-125280735</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>Risk Managed Towing and Recovery Program/CW-GL-20018803</i>		

Filing Company Information

Everest National Insurance Company	CoCode: 10120	State of Domicile: Delaware
477 Martinsville Road	Group Code: 1120	Company Type:
P.O. Box 830		
Liberty Corner, NJ 07938-0830	Group Name: Everest Re Group, Ltd.	State ID Number:
(908) 604-3000 ext. [Phone]	FEIN Number: 22-2660372	

<i>SERFF Tracking Number:</i>	<i>EVST-125280735</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
035008	\$50.00	08/31/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/07/2007	09/07/2007

<i>SERFF Tracking Number:</i>	<i>EVST-125280735</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026006</i>
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Disposition

Disposition Date: 09/07/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>EVST-125280735</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026006</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Additional Insured - Automatic Status When Required In A Written Agreement With You	Approved	Yes

SERFF Tracking Number: EVST-125280735 State: Arkansas

Filing Company: Everest National Insurance Company State Tracking Number: AR-PC-07-026006

Company Tracking Number: AR-GL-20021143

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: General Liability

Project Name/Number: Risk Managed Towing and Recovery Program/CW-GL-20018803

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured - Automatic Status When Required In A Written Agreement With You	ECG 20 541 06 07	06 07	Endorsement/Amendment/Conditions		0.00	ECG 20 541 06 07.pdf

**THIS ENDORSEMENT CHANGES THE COVERAGE PART. PLEASE READ IT
CAREFULLY.**

ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- 1. Section II – Who Is An Insured** is amended to include as an insured any person or organization with whom you have a written agreement that such person or organization be added as an additional insured on your Coverage Part. Such person or organization is an additional insured, but only with respect to liability for “bodily injury”, “property damage” or “personal or advertising injury” caused, in whole or in part, by:
 - a.** Your acts or omissions; or
 - b.** The acts or omissions of those acting on your behalf;in the performance of your ongoing operations for the additional insured(s).

A person’s or organization’s status as an additional insured under this endorsement ends when your operations for that additional insured are completed.
- 2.** The insurance, except with respect to the limits of insurance, afforded by this endorsement shall only include the minimum coverage required by the terms of the written contract or agreement between you and the additional insured, but only to the extent that coverage is provided within the terms of this Coverage Part.
- 3.** The limits of insurance afforded by this endorsement shall be the lesser of the following:
 - a.** The minimum limits of insurance required in the written contract or agreement between you and the additional insured; or
 - b.** The Limits of Insurance shown in the Declarations of this Coverage Part.

<i>SERFF Tracking Number:</i>	<i>EVST-125280735</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125280735 *State:* Arkansas
Filing Company: Everest National Insurance Company *State Tracking Number:* AR-PC-07-026006
Company Tracking Number: AR-GL-20021143
TOI: 17.2 Other Liability - Occurrence Only *Sub-TOI:* 17.2001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Risk Managed Towing and Recovery Program/CW-GL-20018803

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	09/07/2007
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Comments:

Attachment:

Transmittal.pdf

Property & Casualty Transmittal Document (Revised 1/1/05)


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	f. State Filing #:
	g. SERFF Filing #:

3. Group Name	Group NAIC #
Everest Re Group, Ltd.	1120

4. Company Name(s)	Domicile	NAIC #	FEIN #
Everest National Insurance Company	DE	10120	22-2660372

5. Company Tracking Number	AR-GL-20021143
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Vanessa King 477 Martinsville Road Liberty Corner, NJ 07938-0830	Assoc Mgr	(908) 604-3267	(908) 640-3526	vanessa.king@everestre.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Vanessa King			

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	General Liability
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Risk Managed Towing and Recovery Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: 10/1/2007 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR-GL-20021143
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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We wish to file a new proprietary endorsement and rating rule, applicable to the Commercial General Liability Coverage Part, to be used with our Risk Managed Towing and Recovery Program. With this filing we are introducing the following new endorsement.

We request an effective date of **October 1, 2007** or the earliest permissible date consistent with your requirements.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE(This form must be provided **ONLY** when making a filing that includes forms)**(Do not refer to the body of the filing for the forms listing.)**

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Additional Insured – Automatic Status When Required In A Written Agreement With You	ECG 20 541 06 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.

Effective January 1, 2005

8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #			
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)			
<input type="checkbox"/>	Rate Increase	<input type="checkbox"/>	Rate Decrease	<input type="checkbox"/> Rate Neutral (0%)
3.	Overall percentage rate impact for this filing			
4.	Effect of Rate Filing – Written premium change for this program			
5.	Effect of Rate Filing – Number of policyholders			
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)			
7.	Rate Change by Company			
	Company Name	Percentage Change	Effect of Rate Filing	
			# of policyholders for this program	Written premium change for this program
8.	Overall percentage of last rate revision			
9.	Effective Date of last rate revision			
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)			
11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)